

HIPAA Security Levels 2 and 3  
Training Questionnaire

**Level 2 – Complete Questions 1 through 5**

**Level 3 – Complete Questions 1 through 10**

1. HIPAA applies to Covered Entities. What is a Covered Entity?
  - a. A Health Plan;
  - b. A Healthcare Clearinghouse;
  - c. A Provider who transmits data electronically to any of the HIPAA transactions; or
  - d. All of the above.Answer: \_\_\_\_\_
  
2. What is PHI?
  - a. Personal Health Information;
  - b. Public Health Information;
  - c. Protected Health Information; orPrivate Health Information. Answer: \_\_\_\_\_
  
3. A Client walks into the office and wants to see his Protected Health Information (“PHI”). Which of the following activities is **NOT** part of your procedure for handling this request?
  - a. As for identification to validate the Client’s identity;
  - b. Show the Client a list of the Designated Record Set and identify the information he wants to see;
  - c. Provide the Client with copies of the laboratory reports from the State Lab; or
  - d. Ask the Client if he/she wants to pick up the copies or have them mailed to a specified address.Answer: \_\_\_\_\_
  
4. Which of the following purposes requires a valid Authorization?
  - a. Treatment;
  - b. Payment;
  - c. Health Care Operations; or
  - d. None of the above.Answer: \_\_\_\_\_
  
5. A group of records maintained by and for DPHHS that includes medical records, billing records, enrollment, payment, claims adjudication or case or medical management record systems is a:
  - a. Business Associate Agreement;
  - b. Designated Record Set;
  - c. Privacy Policy; or
  - d. All of the above.Answer: \_\_\_\_\_

6. Which of the following function(s) does not qualify as Health Care Operations?  
a. Eligibility determination;  
b. Auditing;  
c. Certification/Licensure; or  
d. Peer Review. Answer: \_\_\_\_\_
7. Which disclosure of PHI is restricted to the Minimum Necessary?  
a. From one Provider to another regarding treatment issues;  
b. Disclosures to the Client about himself/herself;  
c. To the Secretary of HHS regarding compliance with HIPAA; or  
d. None of the above. Answer: \_\_\_\_\_
8. If a Client wishes to complain about how DPHHS uses and discloses PHI, they should be directed to the:  
a. Personal Representative;  
b. Protected Individual;  
c. Business Associate; or  
d. Privacy Officer. Answer: \_\_\_\_\_
9. Which DPHHS Divisions are subject to HIPAA?  
a. Medicaid only;  
b. Medicaid and CHIP;  
c. Medicaid, CHIP and Legal; or  
d. All divisions of DPHHS are subject to HIPAA. Answer: \_\_\_\_\_
10. An individual or organization that is not an employee of DPHHS but performs a function on behalf of DPHS that requires the use or disclosure of PHI and relates to the covered functions of DPHHS is:  
a. Personal Representative;  
b. Protected Individual;  
c. Business Associate; or  
d. Privacy Officer. Answer: \_\_\_\_\_

Violation of the provisions of HIPAA can result in civil and criminal penalties for the Department and disciplinary action against the employee, up to and including termination.

I understand the importance of maintaining the confidentiality of PHI and agree to comply with the requirements of HIPAA.

Signature: \_\_\_\_\_

Level of Training: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_